

**24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES**  
**(Schedule E)**

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 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) <b>Planned Parenthood Votes</b>		FEC IDENTIFICATION NUMBER ▼ <b>C</b> C00489799	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input type="checkbox"/> New report <input checked="" type="checkbox"/> Amends report filed on <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 09 / 27 / 2016</div>	

Full Name of Payee <b>Itzamna Translations Company</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 09 / 18 / 2016</div>	
Mailing Address P.O. Box 1015			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">52.65</div>	
City Glendale	State AZ	Zip Code 85311	Transaction ID : B628176 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 09 / 18 / 2016</div>	
Purpose of Expenditure Translation Services		Category/ Type 004		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2045078.14</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee <b>Terris Barnes &amp; Walters</b>			Date of Public Distribution/Dissemination <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 09 / 19 / 2016</div>	
Mailing Address 400 Montgomery St # 700			Amount <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1875.60</div>	
City San Francisco	State CA	Zip Code 94104	Transaction ID : B628177 Date of Disbursement or Obligation <div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">MM / DD / YYYY 09 / 19 / 2016</div>	
Purpose of Expenditure Canvass Lit		Category/ Type 004		
Name of Federal Candidate Clinton, Hillary, , ,		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: US	
Calendar Year-To-Date Per Election for Office Sought		<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">2045078.14</div>	Disbursement For: <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

(a) <b>SUBTOTAL</b> of Itemized Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;">1928.25</div>
(b) <b>SUBTOTAL</b> of Unitemized Independent Expenditures ..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>
(c) <b>TOTAL</b> Independent Expenditures..... ▶	<div style="display: inline-block; border: 1px solid black; padding: 2px; margin: 0 5px;"></div>

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

Hubbard, Tshombe, , ,

[Electronically Filed]

Date

MM / DD / YYYY  
01 / 30 / 2017

Signature